



MassHealth Pharmacy Program Antidepressant Initiative

A. The following antidepressant drugs **DO NOT** require prior authorization (PA):

amoxapine	maprotiline
bupropion	mirtazapine
bupropion sustained release	nefazodone
citalopram	paroxetine
fluoxetine 10 mg tablet/capsule	sertraline
fluoxetine 20 mg capsule	trazodone 50mg, 100mg, 150mg tablets
fluvoxamine	tricyclic antidepressants
MAOI Inhibitors	venlafaxine

B. The following antidepressant drugs **DO** require prior authorization (PA), as well as brand name multiple-source antidepressants that have FDA “A”-rated generic equivalents:

EMSAM (selegiline transdermal system) – PA	Pexeva (paroxetine) – PA
fluoxetine 20 mg tablet – PA	Pristiq (desvenlafaxine) – PA
fluoxetine 40 mg capsule – PA	Prozac Weekly (fluoxetine) – PA
Luvox CR (fluvoxamine extended-release) – PA	Remeron Sol Tab (mirtazapine, orally disintegrating tablet) – PA
mirtazapine, orally disintegrating tablet – PA	Sarafem (fluoxetine) – PA
Paxil CR (paroxetine controlled release) – PA	Symbyax (fluoxetine/olanzapine) – PA
	trazodone 300mg tablet – PA
	Wellbutrin XL (bupropion extended-release) – PA

C. Treatment failure

i. The following selective serotonin reuptake inhibitors (SSRI) **DO** require prior authorization (PA). The prescriber must provide documentation that the member has failed treatment with citalopram and one other generic selective serotonin reuptake inhibitor.

Lexapro (escitalopram) – PA

ii. The following serotonin and norepinephrine reuptake inhibitors (SNRI) **DO** require prior authorization (PA). The prescriber must provide documentation that the member has failed treatment with at least one SSRI and one other antidepressant listed in section A.

Cymbalta (duloxetine) – PA
Effexor-XR (venlafaxine extended-release) – PA

Please note: The prescriber will not be required to submit a paper PA form for a Cymbalta, Effexor XR, or Lexapro prescription if, over the last six months, the member has filled a prescription for a cumulative supply of at least 100 days of that same antidepressant medication, except when the addition of this drug would constitute duplicative therapy (see D. below). *

D. Duplicative Therapy

PA is required when the member has an overlap of 60 days or more in prescriptions for any dosage form of two or more of the following drugs:

citalopram	fluoxetine/olanzapine
desvenlafaxine	fluvoxamine
duloxetine	paroxetine
escitalopram	sertraline
fluoxetine	venlafaxine

* Note: The decision on whether PA is required is based upon information available in the MassHealth pharmacy database. The MassHealth database contains member drug utilization information exclusive to MassHealth, and no other health plans.